

*This portion MUST be returned with your payment to ensure proper credit. THANK YOU*

ACCOUNT BILLED
NORTHSHORE LIMITED PARTNERSHIP

PROJECT NAME
NORTHSHORE NATURAL PROCESSING

PROJECT ID
M030037

DUE DATE	ANNUAL FEE	AMOUNT DUE
11/30/2001	\$ 350	\$ 350

TAX ID OR SOCIAL SECURITY #

<input type="checkbox"/> FEE NOT ENCLOSED
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Permittee requests  
an inspection to close  
out this permit.

*JP*

DIVISION OF OIL GAS AND MINING  
1594 WEST NORTH TEMPLE SUITE 1210  
PO BOX 145801  
SALT LAKE CITY UT 84114-5801

*CK #10057*  
*Mineral Resources Int.*

<i>Change of Address</i>	
<b>RECEIVED</b>	
Contact	_____
Address	DEC 05 2001
DIVISION OF OIL, GAS AND MINING	
State	Zip
Phone	_____

*Please make check payable to:*  
**Division of Oil, Gas and Mining**

*12/15/01 Repost*

**RECEIVED**

DEC 05 2001

DIVISION OF  
OIL, GAS AND MINING